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Bib Data Sheet

CONFIRMATION NO. 1993

SERIAL NUMBER 10/604,994	FILING DATE 08/29/2003 RULE	CLASS 365	GROUP ART UNIT 2827	ATTORNEY DOCKET NO. FIS920030119US1
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** CONTINUING DATA *****

No/uy

** FOREIGN APPLICATIONS *****

No/uy

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/25/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>cy</i>				

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TITLE

MULTI-PORT MEMORY ARCHITECTURE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)